



State of Washington  
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

RECEIVED  
DEC 26 2006  
DEPARTMENT OF ECOLOGY  
EASTERN REGIONAL OFFICE

For Ecology Use

Fee Paid 50.00

Date 12-26-2006  
\$8092

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Flowery Trail Community Association Home Tel: ( ) -  
Mailing Address % Tim Utley 41920 Egypt Loop N. Work Tel: ( ) -  
City Davenport State WA Zip+4 99122 + 9351 FAX: ( ) -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Douglas E. Ensor, P.E. Home Tel: ( ) -  
Mailing Address % J-U-B ENGINEERS, Inc. 422 W. Riverside Ave Ste. 722 Work Tel: (509) 458 - 3727  
City Spokane State WA Zip+4 99201 + 0303 FAX: (509) 458 - 3762

Relationship to applicant Consultant

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 50 ( ☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of municipal supply. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.)

NOTE: A tax parcel number or a plat number is not sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: 50 acre feet

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From     /     /     to     /     /    

Section 4. WATER SOURCE

If SURFACE WATER						If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:						A permit is desired for <u>2</u> well(s).		
Number of diversions: <u>                    </u>								
Source flows into (name of body of water):						Size & depth of well(s): <u>6"</u> and <u>500 feet</u>		
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:								
¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
SE	SE	36	33	41 E	Stevens			
SE	SE	36	33	41 E	Stevens			
For Ecology Use      Date Received: <u>12-26-2006</u> Priority Date: <u>12-26-2006</u>								
SEPA: <u>Exempt</u> Not Exempt      FERC License # <u>                    </u> Dept. Of Health # <u>                    </u>								
Date Accepted As Complete <u>                    </u> By <u>                    </u> Date Returned <u>                    </u> By <u>                    </u> WRIA: <u>62</u>								

Appl. No.: 63-30529



## Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: Flowery Trail Community Association

B. Briefly describe your proposed water system. (See instructions.)

An existing Group A Transitory Non-Community (TNC) system serving a mix of seasonal and year-round dwellings plus the Chewelah Peak Learning Center, an educational retreat facility for students and other groups. The system serves more than twenty-five people for more than sixty days each year.

C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO  
PROVIDE DOCUMENTATION. See Attachment A, B, C.

G3-25389C, G3-27231P, S3-26396P

## Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

A. Number of "connections" requested: 104 Type of connection homes, condominiums education facility, recreational. (Homes, Apartment, Recreational, etc.)

B. Are you within the area of an approved water system? ☐ YES ☒ NO  
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

**Complete C. and D. only if the proposed water system will have fifteen or more connections.**

C. Do you have a current water system plan approved by the Washington State Department of Health? ☒ YES ☐ NO  
If yes, when was it approved? 5-26-2000 Please attach the current approved version of your plan.

D. Do you have an approved conservation plan? ☐ YES ☒ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.

## Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

A. Total number of acres to be irrigated: \_\_\_\_\_

B. List total number of acres for other specified agricultural uses:

Use \_\_\_\_\_ Acres \_\_\_\_\_  
Use \_\_\_\_\_ Acres \_\_\_\_\_  
Use \_\_\_\_\_ Acres \_\_\_\_\_

C. Total number of acres to be covered by this application: \_\_\_\_\_

D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)  
Add up the acreage in which you have a controlling interest, including only:

- ‡ Acreage irrigated under water rights acquired after December 8, 1977;
- ‡ Acreage proposed to be irrigated under this application;
- ‡ Acreage proposed to be irrigated under other pending application(s).

1. Is the combined acreage greater than 6000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO  
If yes, enter permit no: \_\_\_\_\_

E. Farm uses:  
Stockwater - Total # of animals \_\_\_\_\_ Animal type \_\_\_\_\_ (If dairy cattle, see below)  
Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_



## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? Existing 70,000gal. concrete tank ☒ YES ☐ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

From Chewelah, WA, travel east on Flowery Trail Road (Stevens County Road No. 2902) approximately 8 miles, turn north onto the Chewelah Peak Learning Center access road. Travel 0.3 miles to well site.

## Section 10. REQUIRED MAP

- A. Attach a map of the project. (See instructions.)

See Attachment D.

## Section 11. PROPERTY OWNERSHIP

- A. Does the applicant own the land on which the water will be used? ☐ YES ☒ NO  
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

Long term lease from Washington State Department of Natural Resources

- B. Does the applicant own the land on which the water source is located? ☐ YES ☒ NO  
If no, submit a copy of agreement:

Same long term lease as A. above.

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

B. J. Talbot FTCA Vice President  
Applicant (or authorized representative)

11/14/06  
Date

John X. Viada NE Region Manager  
Landowner for place of use (if same as applicant, write "same")

11-26-06  
Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

Section 3.

LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED

Area served by the Flowery Trail Community Association located in Sec. 36, T. 33 N., R. 41 E.W.M., Stevens County Washington.

Area served by the Chewelah Peak Learning Center located in SE ¼ of Sec. 36, T. 33 N., R. 41 E.W.M., Stevens County, Washington

See Attachment E

We are returning your application for the following reason(s):	
____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).